



DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR AUTOMATED MEDICAL RECORDS PROCESSING

the specification of which is attached hereto unless the following space is checked:

☒ was filed on October 24, 2003 as United States Application Serial Number 10/692,976.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, and as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

	<u>Number</u>	<u>Country</u>	<u>Day/Month/Year Filed</u>
1.			

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

	<u>Application Number</u>	<u>Filing Date</u>
1.	60/442,083	October 29, 2002

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

	<u>Application Number</u>	<u>Filing Date</u>	<u>Status: patented, pending, abandoned</u>
1.			

I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and I direct that all correspondence be addressed to that Customer Number.

Customer Number: **032097**

Principal attorney or agent: **Stephen Lesavich**

Telephone number: **312-332-3751**

The undersigned hereby authorize and request the attorneys of record in said application to insert in this document the filing date and serial number of said application, and the date of execution of the application, when officially known, if necessary.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor: **David E. Stern, M.D.**

Inventor's signature: 

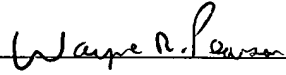
Date: 3/23/04

Residence: **11890 Oakridge Caledonia, Illinois 61011**

Citizenship: **USA**

Post Office Address: **Same as above.**

Full name of second co-inventor: **Wayne R. Pearson**

Inventor's signature: 

Date: 23-mar-2004

Residence: **1627 Dogwood Drive Crystal Lake, Illinois 60014**

Citizenship: **USA**

Post Office Address: **Same as above.**

Full name of third co-inventor: **John J. Koehler, M.D.**

Inventor's signature: 

Date: 3/25/04

Residence: **750 Orth Road Caledonia, Illinois 61011**

Citizenship: **USA**

Post Office Address: **Same as above.**